

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of WILLIAM KNAUER and U.S. POSTAL SERVICE,
GENERAL MAIL FACILITY, Orlando, FL

*Docket No. 00-2490; Oral Argument Held December 11, 2001;
Issued May 17, 2002*

Appearances: *William Knauer, pro se; Miriam D. Ozur, Esq.*, for the Director, Office of
Workers' Compensation Programs.

DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,
BRADLEY T. KNOTT

The issue is whether appellant's hospitalization on November 27, 1998 was causally related to his accepted employment-related conditions.¹

Appellant sustained an injury to his right knee on October 28, 1996 while turning over hampers. The Office of Workers' Compensation Programs accepted that appellant sustained gastritis and esophagitis as a result of the medications he was taking for his accepted right knee condition. On May 1, 1992 appellant was undergoing a dilation for an esophageal stricture, and sustained a perforation of the esophagus that resulted in pericarditis.

Appellant was discharged from the hospital on May 13, 1992, but was again hospitalized from May 15 to 26, 1992 for a hemorrhagic pericardial effusion, which was drained through a pericardial window. He was again hospitalized from May 31 to June 1, 1992 for chest pain; the discharge diagnoses included pericarditis and atrial fibrillation. By letter dated September 18, 1992, the Office advised appellant that it had accepted his pericarditis as an employment-related condition.

Appellant underwent further testing for symptoms possibly related to a heart condition: a 24-hour Holter monitor on October 6 and 7, 1992, a treadmill exercise test with stress echocardiography on December 17, 1992, electrocardiograms on March 25 and November 9, 1993, cardiac catheterization on November 9, 1993 and another 24-hour Holter monitor on September 24 and 25, 1997.

¹ The Board notes that Bradley T. Knott who participated in the hearing held on December 11, 2001 was not an Alternate Board Member after January 25, 2002 and he did not participate in the preparation of this decision and order.

Appellant was hospitalized on November 27 and 28, 1998 for reported palpitations. In a consultation report dated November 27, 1998 Dr. Mark S. Gonzalez, a Board-certified cardiologist, stated that appellant was admitted with “shortness of breath, lightheadedness, no chest pain on and off for three days,” and noted appellant’s past history of “previous pericardial window in 1992 with pericarditis and atrial fibrillation.” Dr. Gonzalez stated that a November 27, 1998 electrocardiogram was normal, diagnosed palpitation syndrome and known atrial arrhythmias, and stated, “The patient’s arrhythmias may have been triggered by decongestant-adrenergic therapy. There has been no ventricular tachycardia or atrial fibrillation.” In a November 28, 1998 note, Dr. Thomas J. Federico, a Board-certified family practitioner, noted that appellant had no further complaint of palpitations and that there were no recorded premature atrial or ventricular contractions since appellant’s arrival at the hospital.

On January 7, 1999 appellant filed a claim for a recurrence of his October 28, 1986 injury. He stated that on November 27, 1998 he began to experience an irregular heart beat that would not stop, that he was taken to the hospital by paramedics who told him he was having premature atrial and ventricular contractions, and that his attending physician, Dr. Arnold M. Einhorn, a Board-certified cardiologist, had certified that the condition for which he was hospitalized on November 27, 1998 was the same as in 1992.

By letter dated April 28, 1999, an Office claims examiner advised appellant:

“I am writing you in response to your claim of recurrence for November 27, 1998. Our office has paid reasonable and necessary medical expenses incurred for this claimed recurrence. However, the medical evidence fails to establish that this was a recurrence of the acute pericarditis of May 1992 that our office has previously accepted as consequential to your work-related knee injury of October 28, 1996.”

The Office’s letter advised appellant of the need to submit “a detailed medical report with objective medical findings that provides a complete history of your knee injury of October 28, 1996 and the acute pericarditis of 1992 including medical rationale showing how the palpitations of November 27, 1998 are related to the work injury.”

Appellant submitted a report from Dr. Einhorn dated December 8, 1998 stating that appellant “had a history of atrial arrhythmias since the episode in 1992. Most recently Mr. Knauer developed atrial arrhythmias which required hospitalization at Orlando Regional Medical Center on November 27, 1998.” An Office medical adviser reviewed the medical evidence on June 16, 1999 and stated that appellant was hospitalized in November 1998 for ventricular premature contractions caused by over-the-counter decongestants.

By decision dated August 23, 1999, the Office found that the medical evidence was insufficient to establish that appellant sustained a recurrence of an injury-related condition on November 27, 1998.

Appellant requested a hearing, which was held on February 29, 2000. In a report dated February 23, 2000, Dr. Einhorn noted appellant’s history of atrial arrhythmias and premature ventricular contractions, and described appellant’s problem as atrial fibrillation/flutter.

By decision dated June 20, 2000, an Office hearing representative found that the evidence did not establish that appellant's medical treatment or care on November 27, 1998 was causally related to his accepted condition, as there was no rationalized medical opinion evidence to establish his condition on November 27, 1998 was causally related to his employment injury or to his consequential pericarditis.

The Board finds that appellant has not established that his hospitalization on November 27, 1998 was causally related to his accepted employment-related conditions.²

Section 8103(a) of the Federal Employees' Compensation Act states: "The United States shall furnish to an employee who is injured while in the performance of duty the services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability or aid in lessening the amount of the monthly compensation."³ The Office's obligation to pay for medical treatment under this section extends only to treatment for employment-related conditions and the employee has the burden of establishing that the requested treatment is for the effects of an employment injury.⁴ This burden includes the submission of rationalized medical evidence on causal relationship.⁵ Payment of medical expenses does not constitute acceptance of a claim.⁶

There is insufficient medical evidence to establish that appellant's November 27, 1998 hospitalization was causally related to any condition accepted by the Office. Dr. Gonzalez, the Board-certified cardiologist who examined appellant during this hospitalization, stated that appellant's "arrhythmias may have been triggered by decongestant-adrenergic therapy." Appellant's attending Board-certified cardiologist, Dr. Einhorn, noted that appellant had a history of atrial arrhythmias since the 1992 incident and that he developed atrial arrhythmia which required hospitalization on November 27, 1998, but Dr. Einhorn did not provide a medical opinion that appellant's arrhythmias on November 27, 1998 or prior to that date were causally related to his accepted conditions.

The only medical support for the proposition that appellant's arrhythmias are in any way related to an accepted condition is contained in a May 19, 1992 note from Dr. Kenneth Feuer, a Board-certified internist. In this note, Dr. Feuer listed an impression of "Cardiac arrhythmias ? related to pericarditis." This note is not sufficient to establish that appellant's arrhythmia in May 1992 was causally related to an accepted condition and clearly not sufficient to establish that appellant's condition for which he was hospitalized on November 27, 1998 was causally related to an accepted condition.

² As appellant was receiving compensation for temporary total disability for a psychiatric condition at the time of the November 27, 1998 hospitalization, compensation for disability for work is not at issue on this appeal.

³ 5 U.S.C. § 8103(a).

⁴ *Zane H. Cassell*, 32 ECAB 1537 (1981).

⁵ *Dorothy J. Bell*, 47 ECAB 624 (1996).

⁶ *Carolyn F. Allen*, 47 ECAB 240 (1995).

The June 20, 2000 and August 23, 1999 decisions of the Office of Workers' Compensation Programs are affirmed.⁷

Dated, Washington, DC
May 17, 2002

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

⁷ On appeal, appellant urged the Board to correct errors he indicated were contained in the statement of accepted facts used by the Office. However, neither of the decisions reviewed by the Board on this appeal make findings based on the statement of accepted facts.